

Pursuing the Triple Aim: Using State Data to Support Quality Improvement

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August 31, 2016

“We cannot manage what we cannot measure”
– *Peter Drucker*

“That which is measured tends to improve; that which is measured publicly tends to improve faster”
– *Judith H. Hibbard*

HHSC Health Care Quality Institute

- The Health Care Quality Institute operates across the Health and Human Services system and in collaboration with external stakeholders to promote the Triple Aim for better care, smarter spending, and healthier people.
- Launched in 2012, the Quality Institute and its staff have worked with health care experts and stakeholders from around the state on a variety of issues:
 - Texas Institute of Health Care Quality and Efficiency
 - Palliative Care Interdisciplinary Advisory Council
 - Children's Policy Council
- Primary goal: help translate expertise and related data into actionable information and policy recommendations for improved decision making

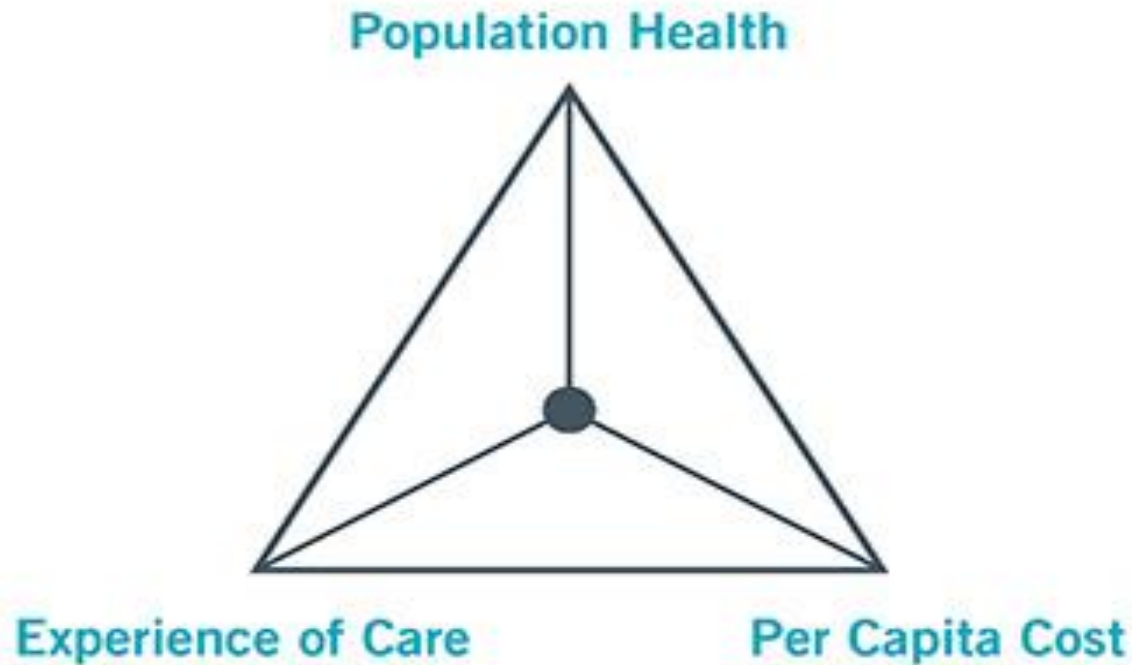
Components for Improving Quality and Efficiency

- *Components to Improve Quality and Efficiency
 - Payment reform and alignment of financial incentives
 - Patient engagement (patient activation)
 - To drive policy change
 - To encourage care self management
 - Provider engagement
 - Data collection, aggregation, and standardization
 - Public reporting and transparency of data, to drive accountability

*National Academy for State Health Policy

The Original Triple Aim*

The IHI Triple Aim



*Don Berwick, Tom Nolan, and John Whittington are credited with first describing the Triple Aim in 2008 for the Institute of Healthcare Improvement (IHI)

Triple Aim Summary

- Goals
 - Improve the experience of care
 - Improve the health of populations
 - Reduce per capita costs
- No single sector alone can achieve Triple Aim goals
 - Cooperation required across health care organizations, public health departments, social service entities, employers, schools, and other stakeholders
- Key strategy: Identification of a “conscientious” integrator
 - Establish a purpose and Governance structure
 - Identify a portfolio of projects and investments
 - Identify a cogent set of high-level measures to monitor progress
- Empowers a learning system to enable simultaneous improvement of all three aims

Stiefel M, Nolan K. *A Guide to Measuring the Triple Aim*. IHI Innovation Series White Paper. Institute for Healthcare Improvement, 2012.

Triple Aim Measurement Principles

- Need to define the population
 - Total population refers to all residents of a geopolitical area
 - Subpopulations defined by various demographic or service utilization characteristics
- Need for data over time
- Need to distinguish between outcome and process measures and between population and project measures
- Need to go deeper with analytics to identify suitable benchmarks and comparison data
- Ultimately, success measured at a population based level

Objectives of Today's Panel Discussion

- Review state level data resources and tools to support your quality improvement goals
 - Population health
 - Medical services
 - Project level outcomes
- Discuss some of the ways state data/analytics are used to track performance, assess value, and create a learning system
 - Levels of measurement (process and outcome measures)
 - Statewide, regional, and project level reporting
 - Focused analytics to better assess value (comparative analytics)